Department of Social and Health Services Olympia, Washington

ELIGIBILITY A-Z MANUAL REVISION

Revision #

Category / Section

Issued

Revision Author

Division

Mail Stop Phone Cathy Fisher

45534 725-1357

Email

REMOVE INSERT

WAC 388-406-0010 How do I apply for benefits?

WAC 388-406-0010 How do I apply for benefits?

Clarifying Information on signature requirements.

Clarifying information on signature requirements.

Summary

This revision is done to bring A-Z Manual in compliance with policy changes that are in effect 07–08-2011. For medical assistance only applications, we no longer require the signature of both parents in 2-parent households; we only require the signature of the applicant.

If not deliverable, return to: Distribution Center, MS: 45816 For distribution changes, notify: Manual Distribution: MS 45816 or call 360-586-8439

If not deliverable, return to: Distribution Center, MS: 45816 For distribution changes, notify: Manual Distribution: MS 45816 or call 360-586-8439